

Pro Se 8 (Rev. 12/16) Complaint for Violation of Fair Labor Standards

UNITED STATES DISTRICT COURT

for the

Southern District of Florida

FILED BY <u>NC</u>	D.C.
NOV 20 2023	
ANGELA E. NOBLE CLERK U.S. DIST. CT. S.D. OF FLA. - W.P.B.	

CASSIDY J. CAMP

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

CLOSET LIFESTYLE, LLC
ANTONIO SANCHEZ-GARCIA

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Case No. _____

(to be filled in by the Clerk's Office)

Jury Trial: (check one) ☒ Yes ☐ No

COMPLAINT FOR VIOLATION OF FAIR LABOR STANDARDS

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	CASSIDY J. CAMP
Street Address	3710 WHITEHALL DRIVE APT 103
City and County	WEST PALM BEACH
State and Zip Code	FLORIDA 33401
Telephone Number	620-931-8242
E-mail Address	CAZCDCAMP@GMAIL.COM

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name	CLOSET LIFESTYLE LLC
Job or Title <i>(if known)</i>	
Street Address	950 N CONGRESS AVE
City and County	RIVIERA BEACH
State and Zip Code	FLORIDA 33404
Telephone Number	561-845-6633
E-mail Address <i>(if known)</i>	ACCOUNTING@CLOSETLIFESTYLE.COM

Defendant No. 2

Name	ANTONIO SANCHEZ-GARCIA
Job or Title <i>(if known)</i>	OWNER/PRESIDENT
Street Address	950 N CONGRESS AVE
City and County	RIVIERA BEACH
State and Zip Code	FLORIDA 33404
Telephone Number	56-714-4482
E-mail Address <i>(if known)</i>	ANTONIO@MCOFE.COM

Defendant No. 3

Name	
Job or Title <i>(if known)</i>	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address <i>(if known)</i>	

Defendant No. 4

Name	
Job or Title <i>(if known)</i>	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address <i>(if known)</i>	

C. Place of Employment

The address at which I am employed or was employed by the defendant(s) is

Name	CLOSET LIFESTYLE LLC
Street Address	950 N CONGRESS AVE
City and County	RIVIERA BEACH
State and Zip Code	FLORIDA 33404
Telephone Number	561-845-6633

II. Basis for Jurisdiction

This action is brought pursuant to *(check all that apply)*:

- ☒ Fair Labor Standards Act, as codified, 29 U.S.C. §§ 201 to 209.
- ☒ Relevant state law
- ☒ Relevant city or county law

III. Statement of Claim

State as briefly as possible the facts of your case. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. Nature of employer's business:
RETAIL/MANUFACTURER OF CLOSETS

- B. Dates of employment:
JUNE 14, 2023 - NOVEMBER 3, 2023

- C. Employee's job title and a description of the kind of work done:
ACCOUNTANT; ACCOUNTING WORK COMPLETED ON A DAILY BASIS, INCLUDING BANK DEPOSITS, BANK AND CREDIT CARD RECONCILIATIONS, PAYING BILLS, PAYROLL, ANSWERING PHONES, ORDERING AND PICKING UP SUPPLIES, PAYING THE OWNERS'S PERSONAL BILLS, AND BANK TRANSFERS

- D. Rate, method, and frequency of wage payment:

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\$25.00 PER HOUR, HOURS PAID WEEKLY BY DIRECT DEPOSIT INTO MY BANK ACCOUNT

E. Number of hours actually worked each week in which a violation is claimed:

40 HOURS

F. Description of the alleged violation(s) (check all that apply):

☐

Failure to pay the minimum wage (explain)

☒

Failure to pay required overtime (explain)

EACH WEEK IN ACCESS OF 40 HOURS OF WROKED WAS PERFORMED.

WHEN WORKED OVER 40 HOURS IN A WORK WEEK, THE COMPANY WOULD PAY CASH INSTEAD OF OVERTIME OR REQUIRE EMPLOYEES TO RECEIVE THE OVERTIME HOURS ON THE NEXT PAYROLL.

☒

Other violation(s) (explain)

BREACH OF CONTRACT. AGREED TO PAY RAISE OF \$2.50 AFTER 90 DAYS; DID NOT RECEIVE IT. (SEE ATTACHED)
WORKED PERFORMED ON ANTIONO SANCHEZ-GARCIA CAR ACCIDENT DIMINISHED VALUE CLAIM
FIRED AFTER COMPLAINT ABOUT THESE ISSUES AND HOSTILE ENVIRONMENT

G. Date(s) of the alleged violation(s):

8/4/23, 8/11/23, 8/18/23, 8/25/23, 9/1/23, 9/8/23, 9/15/23, 9/22/23, 9/29/23, 10/6/23, 10/13/23, 10/20/23, 10/27/23, AND 11/3/23

H. Additional facts:

WAS NOT PAID FOR HOURS WORKED AND FOR WORKED PERFORMED.
I PERFORMED WORK FOR CLOSET LIFESTYLE LLC, ANTONIO SANCHEZ-GARCIA, AND MONTE CRISTOS OF ENGLAND.

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

OVERTIME: 100 HOURS AT \$37.50 = \$3750

180 HOURS AT \$41.25 = \$7425.00

BREACH OF CONTRACT: PAY RAISE FROM \$25 TO 27.50 = \$562.50 (225 HOURS)

WORK PERFORMED ON CAR ACCIDENT DIMINISHED VALUE CLAIM = \$4250.00

REQUESTING \$15,987.50 IN ACTUAL DAMAGES AND SEEKING PUNITIVE DAMAGES FOR BEING TERMINATED AFTER COMPLAINING ABOUT A HOSTILE WORK ENVIRONMENT AND FLSA VIOLATIONS

V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 11/20/2023

Signature of Plaintiff

Printed Name of Plaintiff

CASSIDY J. CAMP

B. For Attorneys

Date of signing: _____

Signature of Attorney

Printed Name of Attorney

Bar Number

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Name of Law Firm

Street Address

State and Zip Code

Telephone Number

E-mail Address